

PRODUCER OF WASTE (Must be filled by producer)					HAULER OF WASTE (Must be filled by hauler)																																							
Name: <u>ALUMINUM CO OF AMERICA</u> [] [] [] [] CODE NO.					ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392																																							
Pick up Address: <u>5151 ALCOA VERNON</u> (NUMBER) (STREET) (CITY) P.O. or Contract No.: <u>401496</u>					Pick Up: <u>9-19-80</u> (DATE) Time: <u> </u> am/pm																																							
Telephone Number: <u>(312) 555-6141</u>					State Liquid Waste Hauler's Registration No. (if applicable): <u>15</u>																																							
Order Placed By: <u>J HERON</u> Date: <u>9-17-80</u>					Job No.: <u> </u> No. of Loads or Trips: <u> </u> Unit No. <u>10</u>																																							
Type of Process which Produced Wastes: <u>ALUMINUM FABRICATOR</u> [] [] [] [] CODE NO. <small>(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)</small>					Vehicle: <input checked="" type="checkbox"/> vacuum truck <u>100</u> barrels, <input type="checkbox"/> flatbed, <input type="checkbox"/> other _____ (SPECIFY)																																							
DESCRIPTION OF WASTE (Must be filled by producer)					The described waste was hauled by me to the disposal facility named below and was accepted.																																							
Check type of wastes:					I certify (or declare) under penalty of perjury that the foregoing is true and correct.																																							
<input type="checkbox"/> Acid solution <input type="checkbox"/> Tetraethyl lead sludge <input type="checkbox"/> Contaminated soil and sand <input type="checkbox"/> Alkaline solution <input type="checkbox"/> Chemical toilet wastes <input type="checkbox"/> Cannery waste <input type="checkbox"/> Pesticides <input type="checkbox"/> Tank bottom sediment <input type="checkbox"/> Latex waste <input type="checkbox"/> Paint sludge <input type="checkbox"/> Oil <input type="checkbox"/> Mud and water <input type="checkbox"/> Solvent <input type="checkbox"/> Drilling mud <input type="checkbox"/> Brine					OPERATING INDUSTRIES, INC. 2425 St. Hilfield Ave. <u>Monterey Park, Calif. 91754</u> [] [] [] CODE NO.																																							
<input checked="" type="checkbox"/> Other (Specify) <u>ALUMINUM OXIDES & WATER</u> [] [] [] CODE NO. Components: <small>(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)</small>					DISPOSER OF WASTE (Must be filled by disposer)																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Upper</th> <th>Lower</th> <th>%</th> <th>ppm</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						Upper	Lower	%	ppm	1.					2.					3.					4.					5.					6.					Name (print or type): _____ Site Address: _____				
	Upper	Lower	%	ppm																																								
1.																																												
2.																																												
3.																																												
4.																																												
5.																																												
6.																																												
					The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.																																							
					Quantity measured at site (if applicable): _____ State fee (if any): _____																																							
					Handling Method(s): <input type="checkbox"/> recovery <input type="checkbox"/> treatment (specify): _____ <input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input type="checkbox"/> injection well <input type="checkbox"/> other (specify): _____																																							
					If waste is held for disposal elsewhere specify final location: _____																																							
					Disposal Date: <u>9-19-80</u>																																							
Hazardous Properties of Waste: pH <u>7.9</u> <input checked="" type="checkbox"/> none <input type="checkbox"/> toxic <input type="checkbox"/> flammable <input type="checkbox"/> corrosive <input type="checkbox"/> explosive					I certify (or declare) under penalty of perjury that the foregoing is true and correct.																																							
Bulk Volume: <u>PTY</u> <input type="checkbox"/> gal <input type="checkbox"/> tons <input checked="" type="checkbox"/> barrels (42 gal.) <input type="checkbox"/> other _____ (SPECIFY)					SIGNATURE OF AUTHORIZED AGENT AND TITLE																																							
Containers: _____ <input type="checkbox"/> drums <input type="checkbox"/> cartons <input type="checkbox"/> bags <input checked="" type="checkbox"/> other <u>TANK</u> (SPECIFY)					The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.																																							
Physical State: <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> sludge <input type="checkbox"/> other _____ (SPECIFY)					FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.																																							
Special Handling Instructions (if any): <u>NONE</u>					D.O.T. Proper Shipping Name _____																																							
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct.					Signature of Authorized Agent and Title																																							

BILLING COPY